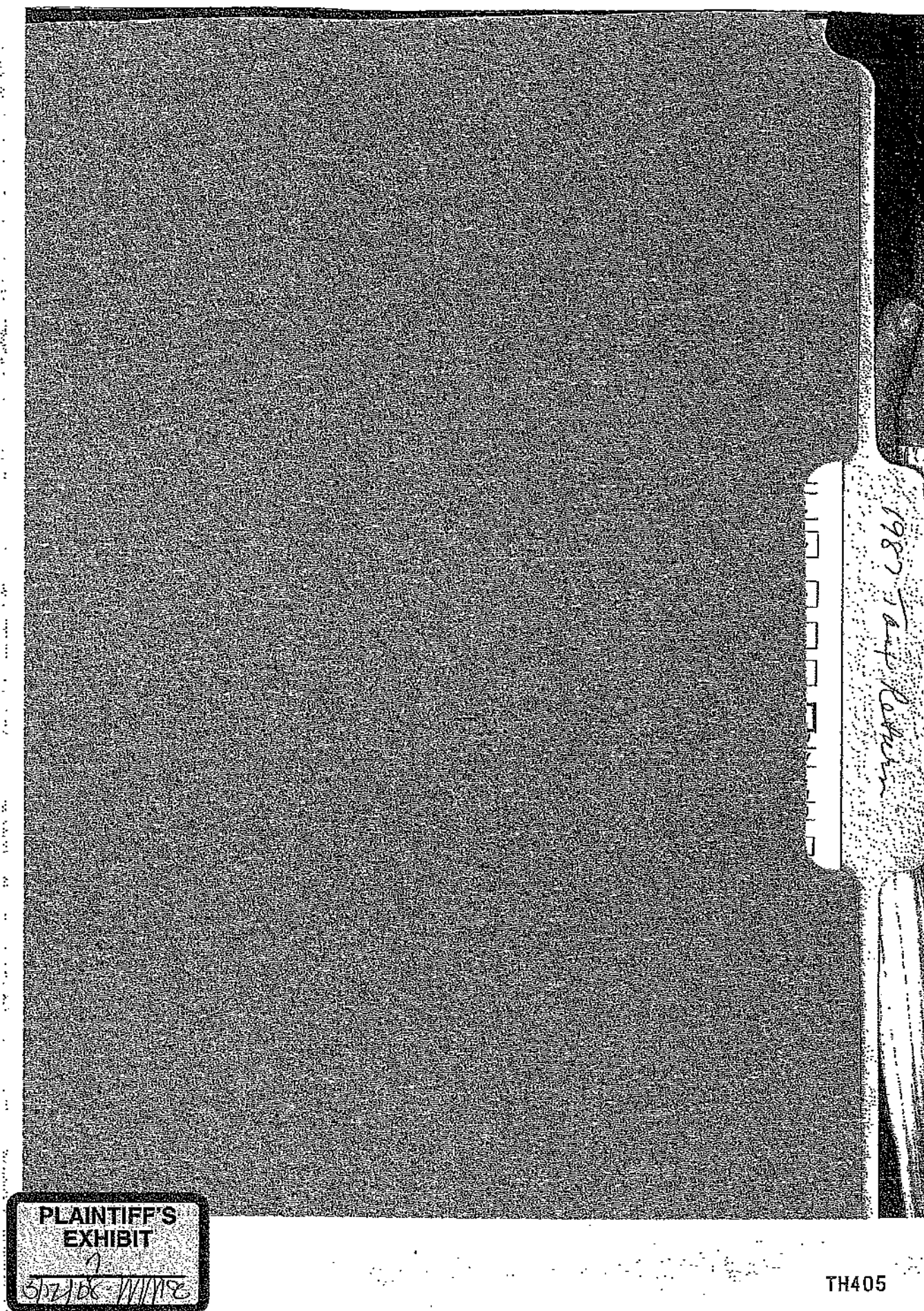


Exhibit 7



1987 Jack Kohn

PLAINTIFF'S
EXHIBIT

7
SPZ/BC-MME

TH405

Form 1040 Department of the Treasury—Internal Revenue Service **1987**
U.S. Individual Income Tax Return
 For the year Jan.-Dec. 31, 1987, or other tax year beginning 1987, ending 1987, ending 1987, ending

Label
 Use IRS label. Otherwise, please print or type.

Your first name and initial (If joint return, also give spouse's name and initial) **David M. Nasemann and Toshi Harding** Last name
 Present home address (number and street or rural route). (If you have a P.O. Box, see page 6 of instructions.)
425 East 51st Street, Apt. 5A-6A
 City, town or post office, state, and ZIP code
New York, New York 10022

Your social security number or
 Spouse's social security number
 For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Presidential Election Campaign
 Do you want \$1 to go to this fund? ☒ Yes ☒ No
 If joint return, does your spouse want \$1 to go to this fund? ☒ Yes ☒ No

Filing Status
 1 ☐ Single
 2 ☒ Married filing joint return (even if only one had income)
 3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here.
 4 ☐ Head of household (with qualifying person). (See page 7 of instructions.) If the qualifying person is your child but not your dependent, enter child's name here.
 5 ☐ Qualifying widow(er) with dependent child (year spouse died > 1987). (See page 7 of instructions.)

Exemptions
 (See instructions on page 7.)
 6a ☒ Yourself 6b ☒ Spouse
 c Dependents (List name (first, initial, and last name) (2) Check if under age 19 (3) If age 19 or over, dependent's social security number (4) Relationship (5) No. of months lived in your home in 1987
 d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here. ☐
 e Total number of exemptions claimed (also complete line 35) **2**

Income
 Please attach Copy B of your Forms W-2, W-2G, and W-2P here.
 If you do not have a W-2, see page 6 of instructions.
 Please attach check or money order here.

7 Wages, salaries, tips, etc. (attach Form(s) W-2) **7 284,123 54**
 8 Taxable interest income (also attach Schedule B if over \$400) **8 282 67**
 9 Tax-exempt interest income (see page 10). DON'T include on line 8 **9**
 10 Dividend income (also attach Schedule B if over \$400) **10 948 63**
 11 Taxable refunds of state and local income taxes, if any, from worksheet on page 11 of instructions **11 1,442 99**
 12 Alimony received **12**
 13 Business income or (loss) (attach Schedule C) **13**
 14 Capital gain or (loss) (attach Schedule D) **14**
 15 Other gains or (losses) (attach Form 4797) **15**
 16a Pensions, IRA distributions, annuities, and rollovers. Total received **16a**
 b Taxable amount (see page 11) **16b**
 17 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E) **17**
 18 Farm income or (loss) (attach Schedule F) **18**
 19 Unemployment compensation (insurance) (see page 11) **19**
 20a Social security benefits (see page 12) **20a**
 b Taxable amount, if any, from the worksheet on page 12 **20b**
 21 Other income (list type and amount—see page 12) **NYS Lottery 21 45 00**
 22 Add the amounts shown in the far right column for lines 7, 8, and 10-21. This is your total income **22 286,842 83**

Adjustments to Income
 (See instructions on page 12.)
 23 Reimbursed employee business expenses from Form 2106 **23**
 24a Your IRA deduction, from applicable worksheet on page 13 or 14 **24a**
 b Spouse's IRA deduction, from applicable worksheet on page 13 or 14 **24b**
 25 Self-employed health insurance deduction, from worksheet on page 14 **25**
 26 Keogh retirement plan and self-employed SEP deduction **26**
 27 Penalty on early withdrawal of savings **27**
 28 Alimony paid (recipient's last name and social security no.) **28**
 29 Add lines 23 through 28. These are your total adjustments **29 00**
 30 Subtract line 29 from line 22. This is your adjusted gross income. If this line is less than \$15,432 and a child lived with you, see "Earned Income Credit" (line 56) on page 16 of the instructions. If you want IRS to figure your tax, see page 15 of the instructions **30 286,842 83**

Form 1040 (1987)

Tax Computation

Caution: If you checked any box on line 32a, b, or c and you don't itemize, see page 16 for the amount to enter on line 33b.

Credits
(See instructions on page 17.)**Other Taxes**
(Including Advance EIC Payments)**Payments**
Attach Forms W-2G, and W-2P to front.**Refund or Amount You Owe****Please Sign Here****Paid Preparer's Use Only**

31	Amount from line 30 (adjusted gross income)	31	256,342	8
32a	Check if: <input type="checkbox"/> You were 65 or over <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or over <input type="checkbox"/> Blind. Add the number of boxes checked and enter the total here.	32a		
b	If you can be claimed as a dependent on another person's return, check here.	32b		
c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 15 and check here.	32c		
33a	Itemized deductions. See page 15 to see if you should itemize. If you don't itemize, enter zero. If you do itemize, attach Schedule A, enter the amount from Schedule A, line 28, AND skip line 33b.	33a	90,143	78
33b	Standard deduction. Read Caution to left. If it applies, see page 16 for the amount to enter. If Caution doesn't apply and your filing status from page 1 is: Single or Head of household, enter \$2,540 Married filing jointly or Qualifying widow(er), enter \$3,760 Married filing separately, enter \$1,880	33b		
34	Subtract line 33a or 33b, whichever applies, from line 31. Enter the result here.	34	196,699	05
35	Multiply \$1,900 by the total number of exemptions claimed on line 6e or see chart on page 16.	35	3,500	00
36	Taxable income. Subtract line 35 from line 34. Enter the result (but not less than zero). Caution: If under age 14 and you have more than \$1,000 of investment income, check here <input type="checkbox"/> and see page 16 to see if you have to use Form 8616 to figure your tax.	36	192,899	05
37	Enter tax. Check if from <input type="checkbox"/> Tax Table, <input checked="" type="checkbox"/> Tax Rate Schedules, <input type="checkbox"/> Schedule D, or <input type="checkbox"/> Form 8615.	37	64,206	13
38	Additional taxes (see page 16). Check if from <input type="checkbox"/> Form 4970 or <input type="checkbox"/> Form 4972.	38		
39	Add lines 37 and 38. Enter the total.	39	64,206	13
40	Credit for child and dependent care expenses (attach Form 2441).	40		
41	Credit for the elderly or for the permanently and totally disabled (attach Schedule R).	41		
42	Add lines 40 and 41. Enter the total.	42		
43	Subtract line 42 from line 39. Enter the result (but not less than zero).	43	64,206	13
44	Foreign tax credit (attach Form 1116).	44		
45	General business credit. Check if from <input type="checkbox"/> Form 3800, <input type="checkbox"/> Form 3468, <input type="checkbox"/> Form 5884, <input type="checkbox"/> Form 6178, <input type="checkbox"/> Form 6765, or <input type="checkbox"/> Form 8586.	45		
46	Add lines 44 and 45. Enter the total.	46		
47	Subtract line 46 from line 43. Enter the result (but not less than zero).	47	64,206	13
48	Self-employment tax (attach Schedule SE).	48		
49	Alternative minimum tax (attach Form 6251).	49		
50	Tax from recapture of investment credit (attach Form 4255).	50		
51	Social security tax on tip income not reported to employer (attach Form 4137).	51		
52	Tax on an IRA or a qualified retirement plan (attach Form 5329).	52		
53	Add lines 47 through 52. This is your total tax.	53	64,206	13
54	Federal income tax withheld (including tax shown on Form(s) 1099).	54	47,813	60
55	1987 estimated tax payments and amount applied from 1986 return.	55		
56	Earned Income credit (see page 18).	56		
57	Amount paid with Form 4858 (extension request).	57		
58	Excess social security tax and RRTA tax withheld (see page 19).	58	3,131	70
59	Credit for Federal tax on gasoline and special fuels (attach Form 4736).	59		
60	Regulated investment company credit (attach Form 2439).	60		
61	Add lines 54 through 60. These are your total payments.	61	52,945	30
62	If line 61 is larger than line 53, enter amount OVERPAID.	62		
63	Amount of line 62 to be REFUNDED TO YOU.	63		
64	Amount of line 62 to be applied to your 1988 estimated tax.	64		
65	If line 53 is larger than line 61, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number, daytime phone number, and "1987 Form 1040" on it. Check <input type="checkbox"/> if Form 2210 (2210F) is attached. See page 20. Penalty \$	65	11,260	83

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature <i>David M. Freeman</i>	Date 4-14-88	Your occupation Vice President & General Counsel
Spouse's signature (if joint return, RDT must sign) <i>Joche Harding</i>	Date 4-14-88	Spouse's occupation Vice President & General Counsel
Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>
Preparer's name (or yours if self-employed) and address _____	Preparer's social security no. _____	E.I. No. _____
		ZIP code _____

**SCHEDULES A&B
(Form 1040)**Department of the Treasury
Internal Revenue Service

Name(s) as shown on Form 1040

Schedule A—Itemized Deductions

(Schedule B is on back)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

1987Attachment
Sequence No. 07

Your social security number

*David M. Nesman and Torkel Handberg***Medical and
Dental Expenses**(Do not include
expenses
reimbursed or
paid by others.)(See
Instructions
on page 21.)**1a** Prescription medicines and drugs, insulin, doctors, dentists, nurses, hospitals, insurance premiums you paid for medical and dental care, etc.**b** Transportation and lodging**c** Other (list—include hearing aids, dentures, eyeglasses, etc.)**2** Add lines 1a through 1c, and enter the total here.**3** Multiply the amount on Form 1040, line 31, by 7.5% (.075).**4** Subtract line 3 from line 2. If zero or less, enter -0-. Total medical and dental**Taxes You
Paid**(See
Instructions
on page 22.)**5** State and local income taxes**6** Real estate taxes**7** Other taxes (list—include personal property taxes)**8** Add the amounts on lines 5 through 7. Enter the total here.Note: If you borrowed any new amounts against your home after 8/16/86 and at any time in 1987 the total of all your mortgage debts was more than what you paid for your home plus improvements, attach Form 8598 and check here. ☐**9a** Deductible home mortgage interest you paid to financial institutions (report deductible points on line 10)**b** Deductible home mortgage interest you paid to individuals (show that person's name and address)**10** Deductible points**11** Deductible investment interest**12a** Personal interest you paid (see page 22). **12b** 7,959**b** Multiply the amount on line 12a by 65% (.65). Enter the result**13** Add the amounts on lines 9a through 11, and 12b. Enter the total here. Total interest**Contributions
You Made**(See
Instructions
on page 23.)**14a** Cash contributions. (If you gave \$3,000 or more to any one organization, report those contributions on line 14b.)**b** Cash contributions totaling \$3,000 or more to any one organization. (Show to whom you gave and how much you gave.)**15** Other than cash. (You must attach Form 8283 if over \$500.)**16** Carryover from prior year**17** Add the amounts on lines 14a through 16. Enter the total here. Total contributions**Casualty and
Theft Losses****18** Casualty or theft loss(es) (attach Form 4684). (See page 23 of the Instructions.)**Moving
Expenses****19** Moving expenses (attach Form 3903 or 3903F). (See page 24 of the Instructions.)**Miscellaneous
Deductions
Subject to 2%
AGI Limit**(See
Instructions
on page 24.)**20** Unreimbursed employee business expenses (attach Form 2106)**21** Other expenses (list type and amount)**22** Add the amounts on lines 20 and 21. Enter the total.**23** Multiply the amount on Form 1040, line 31, by 2% (.02). Enter the result here**24** Subtract line 23 from line 22. Enter the result (but not less than zero)**Other
Miscellaneous
Deductions****25** Miscellaneous deductions not subject to 2% AGI limit (see page 24). (List type and amount.) *M. G. S. Lafferty***Total Itemized
Deductions****26** Add the amounts on lines 4, 8, 13, 17, 18, 19, 24, and 25. Enter the total here and on Form 1040, line 33a.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule A (Form 1040) 1987

TH408

2 EMPLOYER'S NAME, ADDRESS, AND ZIP CODE NYNEX CORPORATION 335 MADISON AVENUE NEW YORK, NY 10017		3 EMPLOYER'S IDENTIFICATION NUMBER 13-3180909	4 EMPLOYER'S STATE NUMBER 13-3180909
5 SOCIAL SECURITY NUMBER [REDACTED]	6 FEDERAL INCOME TAX WITHHELD 10060.75	7 ADVANCE EIC PAYMENTS NONE	8 SOCIAL SECURITY TAX WITHHELD 3131.70
9 EMPLOYEE'S NAME, ADDRESS, AND ZIP CODE T HARDING 425 EAST 51ST APT 5A NEW YORK, NY 10022		10 WAGES, TIPS, OTHER COMPENSATION 55054.11	11 SOCIAL SECURITY TAX WITHHELD 3131.70
12 EMPLOYEE'S SOCIAL SECURITY NUMBER [REDACTED]		13 SOCIAL SECURITY TAX WITHHELD 43000.00	14 SOCIAL SECURITY TAX WITHHELD 115.55
15 EMPLOYEE'S NAME, ADDRESS, AND ZIP CODE T HARDING 425 EAST 51ST APT 5A NEW YORK, NY 10022		16 SOCIAL SECURITY TAX WITHHELD NONE	17 SOCIAL SECURITY TAX WITHHELD NONE

Form W-2 Wage and Tax Statement 1987
Department of the Treasury Internal Revenue Service

2 EMPLOYER'S NAME, ADDRESS, AND ZIP CODE NYNEX INFO SOLUTIONS GRP INC 400 WESTCHESTER AVENUE WHITE PLAINS, NY 10604		3 EMPLOYER'S IDENTIFICATION NUMBER 13-3247446	4 EMPLOYER'S STATE NUMBER 13-3247446
5 SOCIAL SECURITY NUMBER [REDACTED]	6 FEDERAL INCOME TAX WITHHELD 10802.85	7 ADVANCE EIC PAYMENTS NONE	8 SOCIAL SECURITY TAX WITHHELD 3131.70
9 EMPLOYEE'S NAME, ADDRESS, AND ZIP CODE T HARDING 425 EAST 51ST APT 5A NEW YORK, NY 10022		10 WAGES, TIPS, OTHER COMPENSATION 59715.43	11 SOCIAL SECURITY TAX WITHHELD 3131.70
12 EMPLOYEE'S SOCIAL SECURITY NUMBER [REDACTED]		13 SOCIAL SECURITY TAX WITHHELD 43800.00	14 SOCIAL SECURITY TAX WITHHELD 373.94
15 EMPLOYEE'S NAME, ADDRESS, AND ZIP CODE T HARDING 425 EAST 51ST APT 5A NEW YORK, NY 10022		16 SOCIAL SECURITY TAX WITHHELD NONE	17 SOCIAL SECURITY TAX WITHHELD NONE

Form W-2 Wage and Tax Statement 1987
Department of the Treasury Internal Revenue Service

1 General Information OMB No. 1545-0048		Copy B To be filed with employee's FEDERAL tax return This information is being furnished to the Internal Revenue Service.	
2 Employer's Name, Address, and ZIP Code LINK Broadcasting Corporation 1370 Avenue of the Americas New York, New York 10019		3 Employer's Identification Number 62-0673800	4 Employer's State Number
5 Employee's Social Security Number [REDACTED]		6 Federal Income Tax Withheld 28,950.00	7 Advance EIC Payments
8 Employee's Name, Address, and ZIP Code David M. Naseman 425 East 51st Street New York, New York 10022		9 Wages, Tips, Other Compensation 169,350.00	10 Social Security Tax Withheld 3,131.70
11 State Income Tax 10,936.25		12 Social Security Tax 43,800.00	13 State Income Tax 169,350.00
14 Social Security Tax 3,688.84		15 State Income Tax 169,350.00	16 Social Security Tax NYC

Form W-2 Wage and Tax Statement 1987
35-2518032-1, U.S. APP.
Department of the Treasury Internal Revenue Service

JOEHL HARDING
425 EAST 81ST STREET
NEW YORK, NY 10022

200 133

April 14, 10, 88 1-192/280

Internal Revenue Service

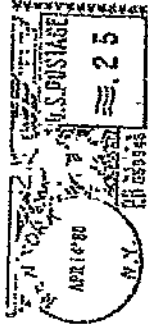
Eleven Thousand Two Hundred Sixty and 93/100 \$ 11,260.93 (DOLLARS)

Republic National Bank of New York
NEW YORK, N.Y. 10016

CHANGING DATE 4/1/88 10:40 AM 1987 FORM 1040 1000 133M NO 2500148281 318181371M

David M. Newman

Internal Revenue Service Center
Holtsville, New York 00501-0002



1987 NEW YORK STATE CITY OF NEW YORK CITY OF YONKERS **RESIDENT** INCOME TAX RETURN **IT-20**

NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE For Jan 1 - Dec 31, 1987, or fiscal tax year beginning 1987, ending 1987

For office use only

Use mailing label

Last name First name and middle initial (if joint return, enter both names)
Naseman, David M. and Harding, Torhl

Mailing address (number and street or rural route) Apartment number
425 East 51st Street 5R-6A

City, village or post office State ZIP code
New York New York 10022

Enter below your permanent home address within New York State if it is not the same as your mailing address above (see instructions, page 10).
 Permanent home address (number and street or rural route) Apartment number
 City, village or post office State ZIP code

If taxpayer is deceased, enter first name and date of death

(A) Filing Status: ☐ Single ☒ Married filing joint return ☐ Married filing separate return (enter spouse's social security number above) ☐ Head of household (with qualifying person) ☐ Qualifying widow(er) with dependent child

(B) Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☒

(C) Part-year resident: If you were a New York State resident for only part of the year, enter the number of months of New York State residence and attach Form IT-380. ☐

(D) If you use a paid preparer and do not want New York tax forms mailed to you next year, check box. ☐

Enter your income items and total adjustments exactly as they appear on your federal return (see instructions, page 8).

1	Wages, salaries, tips, etc.	1	284,123
2	Taxable interest income	2	282
3	Dividend income	3	948
4	Taxable refunds of state and local income taxes (also enter on line 23 below)	4	1,442
5	Alimony received	5	
6	Business income or (loss) (attach copy of federal Schedule C, Form 1040)	6	
7	Capital gain or (loss) (attach copy of federal Schedule D, Form 1040)	7	
8	Other gains or (losses) (attach copy of federal Form 4797)	8	
9	Taxable amount of pensions, IRA distributions and annuities	9	
10	Rents and royalties (attach copy of federal Schedule E, Form 1040)	10	
11	Partnerships, estates, trusts and S corporations (attach copy of federal Schedule E, Form 1040)	11	
12	Farm income or (loss) (attach copy of federal Schedule F, Form 1040)	12	
13	Unemployment compensation (insurance)	13	
14	Taxable amount of social security benefits (also enter on line 25 below)	14	
15	Other income (see instructions) Identify: M. H. S. Lottery	15	45
16	Total (add lines 1 through 15)	16	286,842
17	Total federal adjustments to income (see instructions) Identify:	17	
18	Adjusted gross income (federal) (subtract line 17 from line 16)	18	286,842
19	New York Additions: (see instructions, page 10)	19	
20	Accelerated cost recovery system (ACRS) deduction (from Form IT-399, line 1, column G)	20	
21	Other (see instructions, page 10) Identify:	21	
22	Add lines 18 through 21	22	
23	New York Subtractions: (see instructions, page 11)	23	
24	Taxable refunds of state and local income taxes (from line 4 above)	24	1,442
25	Two-earner married couple deduction (from worksheet, page 11)	25	
26	Taxable social security benefits (from line 14 above)	26	
27	Interest income on U.S. government bonds	27	
28	Pension and annuity income exclusion	28	
29	New York State depreciation (from Form IT-399, line 1, column F)	29	
30	Other (see instructions, page 12) Identify:	30	
31	Add lines 23 through 29 and enter the result on line 30	31	1,442
32	New York adjusted gross income (subtract line 30 from line 22)	32	285,399

IT-201 (1987) Attach Copy 2 of your wage and tax statements here, face out. Use one staple in upper left corner.

32 Amount from line 31 on the front page (New York adjusted gross income).....		32	285,277	1
Itemized Deductions	33 Medical and dental expenses (from federal Schedule A, line 4).....	33		
	34 Taxes you paid (from federal Schedule A, line 8).....	34	34,347	45
	35 Interest you paid (from federal Schedule A, line 13).....	35	51,002	33
	36 Contributions you made (from federal Schedule A, line 17).....	36	4,749	00
	37 Casualty and theft losses (from federal Schedule A, line 18).....	37		
	38 Moving expenses (from federal Schedule A, line 19).....	38		
	39 Miscellaneous deductions subject to 2% AGI limit (from fed. Schedule A, line 24).....	39		
	40 Other miscellaneous deductions (from federal Schedule A, line 25).....	40	45	00
	41 Total itemized deductions (from federal Schedule A, line 26).....	41	90,143	78
	42 State, local and foreign income taxes included on line 34 (see instructions).....	42	27,066	59
43 Subtract line 42 from line 41.....	43	63,077	19	
44 Other adjustments (see instructions, page 14).....	44			
45 New York itemized deduction (line 43 and add or subtract line 44).....	45	63,077	19	
46 New York deduction - (check only one box below and enter amount on line 46).....				
<input type="checkbox"/> Standard (see instructions, page 14) <input checked="" type="checkbox"/> Itemized (enter amount from line 45)				
Tax Computation	47 Subtract line 46 from line 32.....	47	222,222	6
	48 Exemptions (enter in the box the number claimed on your federal return) <input type="checkbox"/> 2 x \$900 =.....	48	1,800	0
	49 New York taxable income (subtract line 48 from line 47).....	49	220,422	6
	50 New York State tax on line 49 amount (use New York State Tax Table on yellow pages 28 through 34).....	50	18,520	7
	51a Additional tax on unearned income (if line 32 above is more than \$100,000, or more than \$50,000 if you are married and filing a separate return, see instructions, page 15; all others enter "0" on lines 51a and 51b).....	51a		
	51b Unearned income, if any (from Form IT-201-ATT, page 2, line 12; attach form).....	51b		
	52 Add lines 50 and 51a.....	52	18,520	7
	53 New York State household credit (from Worksheet I or II, page 15).....	53		
	54 Subtract line 53 from line 52 (if line 53 is more than line 52, enter "0").....	54	18,520	7
	55 Other New York State credits (from Form IT-201-ATT, page 1, line 8; attach form).....	55		
56 Subtract line 55 from line 54 (if line 55 is more than line 54, enter "0").....	56	18,520	7	
57 Other New York State taxes (from Form IT-201-ATT, page 1, line 13; attach form).....	57			
58 Total New York State tax (add lines 56 and 57).....	58	18,520	7	
Credits/Other Taxes/Credits/Totals	59 City of New York resident tax (use City of NY Tax Table, pages 35 through 40) <input type="checkbox"/> 59.....	59	8,353	43
	60 City of New York household credit (from Worksheet I or II, page 15).....	60		
	61 Subtract line 60 from line 59 (if line 60 is more than line 59, enter "0").....	61	8,353	43
	62 Other City of New York credits (from Form IT-201-ATT, page 1, line 13; attach form).....	62		
	63 Subtract line 62 from line 61 (if line 62 is more than line 61, enter "0").....	63	8,353	43
	64 City of New York nonresident earnings tax (attach Form NYC-203).....	64		
	65 Other City of New York taxes (from Form IT-201-ATT, page 1, line 21; attach form).....	65		
	66 City of Yonkers resident income tax surcharge (from Yonkers worksheet, page 10).....	66		
	67 City of Yonkers nonresident earnings tax (attach Form NYC-203).....	67		
	68 Total City of New York and City of Yonkers taxes (add lines 63 through 68 and enter on line 69).....	69	8,353	43
70 If you want to Return a Gift to Wildlife, enter amount: \$5, \$10, \$20, other (see instructions, pages 17 and 23).....	70	10	00	
71 Total NY State, Cities of NY and Yonkers taxes, and Gift to Wildlife (add lines 58, 69 and 70).....	71	26,874	16	
72 Real property tax credit (from Form IT-214, line 16; attach form).....	72			
73 Total New York State tax withheld (attach wage and tax statements above).....	73	19,534	62	
74 Total City of New York tax withheld (attach wage and tax statements above).....	74	7,532	57	
75 Total City of Yonkers tax withheld (attach wage and tax statements above).....	75			
76 Estimated tax paid/Paid with Form IT-370.....	76			
77 Total payments (add lines 72 through 76).....	77	27,066	59	
78 If line 71 is less than line 77, enter amount overpaid (also see lines 79 and 80 below).....	78	182	43	
79 Amount of line 78 to be refunded to you.....	79			
80 Amount of line 78 to be applied to your 1988 estimated tax.....	80			
81 If line 77 is less than line 71, enter amount you owe (do not send cash; make check or money order payable to NY State Income Tax; write your social security number and "1987 Income Tax" on it).....	81			
82 Check this box <input type="checkbox"/> If Form IT-2105.9 is attached (see instructions, page 18).....	82			
Sign Your Return	Your signature <i>David M. Freeman</i>	Date 4-14-88	Spouse's signature (if joint return) <i>Joel Harding</i>	
Paid	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	
Preparer's Use Only	Firm's name (or yours, if self-employed)	Address	E.I. number	

If you are claiming the New York standard deduction skip lines 33 through 45.

See instructions for figuring City of New York taxes

See instructions for figuring City of Yonkers taxes

• Attach Copy 2 of your wage and tax statements above
• Sign your return below

Don't fill in this area with employee's name. Only fill in last name, first name, middle initial, and employee's copy number.

2 EMPLOYER'S NAME, ADDRESS, AND ZIP CODE SYNEX CORPORATION 235 MALIBU AVENUE NEW YORK, NY 10017		3 EMPLOYER'S IDENTIFICATION NUMBER 13-3180909	4 EMPLOYER'S STATE NUMBER 13-3180909
5 EMPLOYEE'S SOCIAL SECURITY NUMBER [REDACTED]		6 EMPLOYEE'S NAME, ADDRESS, AND ZIP CODE 1 HANDING F N 3129 0107 425 EAST 51ST APT 5A C7C11305 NEW YORK, NY 10022	
7 ADVANCE EIC PAYMENT NONE		8 SOCIAL SECURITY TAX WITHHELD 3131.70	
9 STATE INCOME TAX 3961.17		10 STATE WAGES AND OTHER COMP 53054.11	
11 NEW YORK CITY TAX 1692.42		12 WORKERS COMP NONE	
13 NAME OF STATE NY		14 ADJUT TRANSITION DEFERRAL NONE	

Wage and Tax Statement 1987

Don't fill in this area with employee's name. Only fill in last name, first name, middle initial, and employee's copy number.

2 EMPLOYER'S NAME, ADDRESS, AND ZIP CODE YNEA INFO SOLUTIONS LAR IAC 80 WESTCHESTER AVENUE WHITE PLAINS, NY 10604		3 EMPLOYER'S IDENTIFICATION NUMBER 13-3247448	4 EMPLOYER'S STATE NUMBER 13-3247448
5 EMPLOYEE'S SOCIAL SECURITY NUMBER [REDACTED]		6 EMPLOYEE'S NAME, ADDRESS, AND ZIP CODE HANDING F N 3129 0107 425 EAST 51ST APT 5A F7F11132 NEW YORK, NY 10022	
7 ADVANCE EIC PAYMENT NONE		8 SOCIAL SECURITY TAX WITHHELD 3131.70	
9 STATE INCOME TAX 4435.40		10 STATE WAGES AND OTHER COMP 59715.43	
11 NEW YORK CITY TAX 1515.31		12 WORKERS COMP NONE	
13 NAME OF STATE NY		14 ADJUT TRANSITION DEFERRAL NONE	

Wage and Tax Statement 1987

Don't fill in this area with employee's name. Only fill in last name, first name, middle initial, and employee's copy number.

2 EMPLOYER'S NAME, ADDRESS, AND ZIP CODE LIM Broadcasting Corporation 1370 Avenue of the Americas New York, New York 10019		3 EMPLOYER'S IDENTIFICATION NUMBER 62-0673800	4 EMPLOYER'S STATE NUMBER NY
5 EMPLOYEE'S SOCIAL SECURITY NUMBER [REDACTED]		6 EMPLOYEE'S NAME, ADDRESS, AND ZIP CODE David M. Nareman 425 East 51st Street New York, New York 10022	
7 ADVANCE EIC PAYMENT NONE		8 SOCIAL SECURITY TAX WITHHELD 3,131.70	
9 STATE INCOME TAX 169,350.00		10 STATE WAGES AND OTHER COMP 169,350.00	
11 NEW YORK CITY TAX 43,800.00		12 WORKERS COMP NONE	
13 NAME OF STATE NY		14 ADJUT TRANSITION DEFERRAL NONE	

Wage and Tax Statement 1987

1987 NEW YORK STATE CITY OF NEW YORK CITY OF YONKERS **RESIDENT** INCOME TAX RETURN **IT-201**

NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE For Jan 1 - Dec 31, 1987, or fiscal tax year beginning 1987, ending 19

For office use only

Label: Last name First name and middle initial (if joint return, enter both names) Your social security number
 Mailing address (number and street or rural route) Apartment number Spouse's social security number
 City, village or post office State ZIP code NY State county of residence
 Enter below your permanent home address within New York State if it is not the same as your mailing address above (see instructions, page 19).
 Permanent home address (number and street or rural route) Apartment number School district name
 City, village or post office State ZIP code If taxpayer is deceased, enter first name and date of death.

(A) Filing Status: ☐ Single ☒ Married filing joint return ☐ Married filing separate return (enter spouse's social security number above) ☐ Head of household (with qualifying person) ☐ Qualifying widow(er) with dependent child

(B) Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☒

(C) Part-year resident: If you were a New York State resident for only part of the year, enter the number of months of New York State residence and attach Form IT-380. number of months

(D) If you use a paid preparer and do not want New York tax forms mailed to you next year, check box.

Enter your income items and total adjustments exactly as they appear on your federal return (see instructions, page 8).

1	Wages, salaries, tips, etc.	1	284,123
2	Taxable interest income	2	282
3	Dividend income	3	948
4	Taxable refunds of state and local income taxes (also enter on line 23 below)	4	1,442
5	Alimony received	5	
6	Business income or (loss) (attach copy of federal Schedule C, Form 1040)	6	
7	Capital gain or (loss) (attach copy of federal Schedule D, Form 1040)	7	
8	Other gains or (losses) (attach copy of federal Form 4797)	8	
9	Taxable amount of pensions, IRA distributions and annuities	9	
10	Rents and royalties (attach copy of federal Schedule E, Form 1040)	10	
11	Partnerships, estates, trusts and S corporations (attach copy of federal Schedule E, Form 1040)	11	
12	Farm income or (loss) (attach copy of federal Schedule F, Form 1040)	12	
13	Unemployment compensation (insurance)	13	
14	Taxable amount of social security benefits (also enter on line 25 below)	14	
15	Other income (see instructions) Identify: N.Y.S. Lottery	15	45
16	Total (add lines 1 through 15)	16	286,942
17	Total federal adjustments to income (see instructions) Identify:	17	
18	Adjusted gross income (federal) (subtract line 17 from line 16)	18	286,942
New York Additions: (see instructions, page 10)			
19	Interest income on state and local bonds other than New York State	19	
20	Accelerated cost recovery system (ACRS) deduction (from Form IT-389, line 1, column G)	20	
21	Other (see instructions, page 10) Identify:	21	
22	Add lines 18 through 21	22	
New York Subtractions: (see instructions, page 11)			
23	Taxable refunds of state and local income taxes (from line 4 above)	23	1,442
24	Two-earner married couple deduction (from worksheet, page 11)	24	
25	Taxable social security benefits (from line 14 above)	25	
26	Interest income on U.S. government bonds	26	
27	Pension and annuity income exclusion	27	
28	New York State depreciation (from Form IT-389, line 1, column F)	28	
29	Other (see instructions, page 12) Identify:	29	
30	Add lines 23 through 29 and enter the result on line 30	30	1,442
31	New York adjusted gross income (subtract line 30 from line 22)	31	285,500

IT-201 (1987) Attach Copy 2 of your wage and tax statements here, face out. Use one staple in upper left corner. Pg.

32 Amount from line 31 on the front page (New York adjusted gross income)		32	295,399
Itemized Deductions	33 Medical and dental expenses (from federal Schedule A, line 4)	33	-
	34 Taxes you paid (from federal Schedule A, line 8)	34	24,347 45
	35 Interest you paid (from federal Schedule A, line 13)	35	51,002 33
	36 Contributions you made (from federal Schedule A, line 17)	36	4,749 00
	37 Casualty and theft losses (from federal Schedule A, line 18)	37	-
	38 Moving expenses (from federal Schedule A, line 19)	38	-
	39 Miscellaneous deductions, subject to 2% AGI limit (from fed. Schedule A, line 24)	39	-
	40 Other miscellaneous deductions (from federal Schedule A, line 25)	40	45 00
	41 Total itemized deductions (from federal Schedule A, line 26)	41	90,143 78
	42 State, local and foreign income taxes included on line 34 (see instructions)	42	27,066 59
43 Subtract line 42 from line 41	43	63,077 19	
44 Other adjustments (see instructions, page 14)	44	-	
45 New York itemized deduction (line 43 and add or subtract line 44)	45	63,077 19	
46 New York deduction - (check only one box below and enter amount on line 46)			
<input type="checkbox"/> Standard (see instructions, page 14) <input checked="" type="checkbox"/> Itemized (enter amount from line 45)			
Tax Computation	47 Subtract line 46 from line 32	47	232,322 4
	48 Exemptions (enter in the box the number claimed on your federal return) <input type="checkbox"/> 2 x \$900 =	48	1,800 0
	49 New York taxable income (subtract line 48 from line 47)	49	230,522 4
	50 New York State tax on line 49 amount (use New York State Tax Table on yellow pages 29 through 34)	50	18,520 7
	51a Additional tax on unearned income (if line 32 above is more than \$100,000, or more than \$50,000 if you are married and filing a separate return, see instructions, page 15; all others enter "0" on lines 51a and 51b)	51a	-
	51b Unearned income, if any (from Form IT-201-ATT, page 2, line 12; attach form)	51b	-
	52 Add lines 50 and 51a	52	18,520 7
	53 New York State household credit (from Worksheet I or II, page 15)	53	-
	54 Subtract line 53 from line 52 (if line 53 is more than line 52, enter "0")	54	18,520 7
	55 Other New York State credits (from Form IT-201-ATT, page 1, line 8; attach form)	55	-
56 Subtract line 55 from line 54 (if line 55 is more than line 54, enter "0")	56	18,520 7	
57 Other New York State taxes (from Form IT-201-ATT, page 1, line 13; attach form)	57	-	
58 Total New York State tax (add lines 56 and 57)	58	18,520 7	
Credits/Other Taxes/City/Totals	59 City of New York resident tax (use City of NY Tax Table, pages 35 through 40)	59	8,353 43
	60 City of New York household credit (from Worksheet I or II, page 16)	60	-
	61 Subtract line 60 from line 59 (if line 60 is more than line 59, enter "0")	61	8,353 43
	62 Other City of New York credits (from Form IT-201-ATT, page 1, line 18; attach form)	62	-
	63 Subtract line 62 from line 61 (if line 62 is more than line 61, enter "0")	63	8,353 43
	64 City of New York nonresident earnings tax (attach Form NYC-202)	64	-
	65 Other City of New York taxes (from Form IT-201-ATT, page 1, line 21; attach form)	65	-
	66 City of Yonkers resident income tax surcharge (from Yonkers worksheet, page 16)	66	-
	67 City of Yonkers nonresident earnings tax (attach Form Y-203)	67	-
	68 Part-year City of Yonkers resident tax surcharge (attach Form IT-3804)	68	-
69 Total City of New York and City of Yonkers taxes (add lines 63 through 68 and enter on line 69)	69	8,353 4	
70 If you want to Return a Gift to Wildlife, enter amount; \$5, \$10, \$20, other (see instructions, pages 17 and 23)	70	10 0	
71 Total NY State, Cities of NY and Yonkers taxes, and Gift to Wildlife (add lines 68, 69 and 70)	71	26,884 1	
72 Real property tax credit (from Form IT-214, line 18; attach form)	72	-	
73 Total New York State tax withheld (attach wage and tax statements above)	73	19,534 02	
74 Total City of New York tax withheld (attach wage and tax statements above)	74	7,532 67	
75 Total City of Yonkers tax withheld (attach wage and tax statements above)	75	-	
76 Estimated tax paid/Paid with Form IT-370	76	-	
77 Total payments (add lines 72 through 76)	77	27,066 6	
78 If line 71 is less than line 77, enter amount overpaid (also see lines 79 and 80 below)	78	182 4	
79 Amount of line 78 to be refunded to you	79	-	
80 Amount of line 78 to be applied to your 1988 estimated tax	80	-	
81 If line 77 is less than line 71, enter amount you owe (do not send cash; make check or money order payable to NY State Income Tax; write your social security number and "1987 Income Tax" on it)	81	-	
82 Check this box <input type="checkbox"/> If Form IT-2105.9 is attached (see instructions, page 18)	82	-	

If you are claiming the New York standard deduction skip lines 33 through 45.

See instructions for figuring City of New York taxes

See instructions for figuring City of Yonkers taxes

* Attach Copy 2 of your wage and tax statements above

* Sign your return below

Sign Your Return	Your signature	Date	Spouse's signature (if joint return)
	<i>Donald M. Freeman</i>	4-14-88	<i>Lois L. Harding</i>
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed)	Address	E.I. number

Copy 2 To be filed with employee's state, city or local income tax return. Employee's and employer's copy compared.

1 EMPLOYER'S NAME, ADDRESS, AND ZIP CODE
 2 EMPLOYER'S IDENTIFICATION NUMBER
 3 EMPLOYER'S STATE NUMBER

4 YNEX CORPORATION
 135 MADISON AVENUE
 NEW YORK, NY 10017

5 13-1180909
 6 13-3160909

7 ADVANCE EIC PAYMENT
 8 NONE

9 SOCIAL SECURITY TAX WITHHELD
 10 3131.70

11 EMPLOYEE'S NAME, ADDRESS, AND ZIP CODE
 12 HARRING
 F N 3129 0107
 425 EAST 51ST APT 5A
 NEW YORK, NY 10022

13 1692.42
 14 NONE
 15 NONE

16 STATE INCOME TAX
 17 3961.17
 18 STATE WAGES AND OTHER COMP
 19 55054.11
 20 NEW YORK CITY TAX
 21 NONE
 22 NAME OF STATE
 23 NY
 24 NONE

Wage and Tax Statement 1987

Copy 2 To be filed with employee's state, city or local income tax return. Employee's and employer's copy compared.

1 EMPLOYER'S NAME, ADDRESS, AND ZIP CODE
 2 EMPLOYER'S IDENTIFICATION NUMBER
 3 EMPLOYER'S STATE NUMBER

4 YNEX INFO SOLUTIONS GRP INC
 60 WESTCHESTER AVENUE
 WHITE PLAINS, NY 10604

5 13-3247446
 6 13-3247448

7 ADVANCE EIC PAYMENT
 8 NONE

9 SOCIAL SECURITY TAX WITHHELD
 10 3131.70

11 EMPLOYEE'S NAME, ADDRESS, AND ZIP CODE
 12 HARRING
 F N 3129 0107
 425 EAST 51ST APT 5A
 NEW YORK, NY 10022

13 417.50
 14 NONE
 15 NONE

16 STATE INCOME TAX
 17 4630.60
 18 STATE WAGES AND OTHER COMP
 19 59715.43
 20 NEW YORK CITY TAX
 21 NONE
 22 NAME OF STATE
 23 NY
 24 NONE

Wage and Tax Statement 1987

Copy 2 To be filed with employee's state, city or local income tax return. Employee's and employer's copy compared.

1 EMPLOYER'S NAME, ADDRESS, AND ZIP CODE
 2 EMPLOYER'S IDENTIFICATION NUMBER
 3 EMPLOYER'S STATE NUMBER

4 LIN Broadcasting Corporation
 1370 Avenue of the Americas
 New York, New York 10019

5 62-0673800
 6 13-3247448

7 ADVANCE EIC PAYMENT
 8 NONE

9 SOCIAL SECURITY TAX WITHHELD
 10 3131.70

11 EMPLOYEE'S NAME, ADDRESS, AND ZIP CODE
 12 David M. Nassar
 425 East 51st Street
 New York, New York 10022

13 43,800.00
 14 NONE
 15 NONE

16 STATE INCOME TAX
 17 10,936.25
 18 STATE WAGES AND OTHER COMP
 19 109,350.00
 20 NEW YORK CITY TAX
 21 NONE
 22 NAME OF STATE
 23 NY
 24 NONE

Wage and Tax Statement 1987

TH417



New York State Income Tax
W.A. Harriman Campus
Albany, New York 12227-0125

Refund Claimed

1 Federal Income Tax		OMB No. 1545-0008		Copy 1 For State, City, or Local Tax Department Employee's and Employer's copy complete. <input type="checkbox"/>	
2 Employer's Name, Address, and ZIP Code		3 Employer's Identification Number		4 Employer's EIN Number	
LIN Broadcasting Corporation 1370 Avenue of the Americas New York, New York 10019		62-0673800		5 Social Security Number	
6 Employer's Social Security Number		7 Federal Income Tax Withheld		8 Social Security Tax Withheld	
[REDACTED]		28,950.00		3,131.70	
9 Employee's Name, Address, and ZIP Code		10 Social Security Tax		11 Social Security Tax	
David M. Harriman		43,800.00		43,800.00	
12 State Income Tax		13 State Income Tax		14 State Income Tax	
424 East 51st Street New York, New York 10022		15 State Income Tax		16 State Income Tax	
10,936.25		169,350.00		169,350.00	
17 State Income Tax		18 State Income Tax		19 State Income Tax	
10,936.25		169,350.00		169,350.00	
20 State Income Tax		21 State Income Tax		22 State Income Tax	
10,936.25		169,350.00		169,350.00	

TH418

Form 1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **1987**
 For the year Jan. - Dec. 31, 1987, or other tax year beginning 1987, ending 1987

Label
 Use IRS label. Otherwise, please print or type.

Your first name and initial (if joint return, also give spouse's name and initial) **David M. Naserian and Toshi Handing** Last name
 Present home address (number and street or rural route). (If you have a P.O. Box, see page 6 of instructions.)
425 East 51st Street, Apt. 5A-6A
 City, town or post office, state, and ZIP code
New York, New York 10022

Presidental Election Campaign. Do you want \$1 to go to this fund? ☒ Yes ☐ No
 If joint return, does your spouse want \$1 to go to this fund? ☒ Yes ☐ No

Filing Status
 1 ☐ Single
 2 ☒ Married filing joint return (even if only one had income)
 3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here.
 4 ☐ Head of household (with qualifying person). (See page 7 of instructions.) If the qualifying person is your child but not your dependent, enter child's name here.
 5 ☐ Qualifying widow(er) with dependent child (your spouse died > 1987). (See page 7 of instructions.)

Exemptions
 (See instructions on page 7.)
 6a ☒ Yourself
 6b ☒ Spouse
 c Dependents
 (1) Name (first, initial, and last name) (2) Check if under age 17 (3) If age 18 or over, dependent's social security number (4) Relationship (5) No. of months lived in your home in 1987
 No. of boxes checked on 6a and 6b **2**
 No. of children or stepchildren living with you **1**
 No. of children (or stepchildren) living with you due to divorce or separation **1**
 No. of parents listed on 6c **1**
 No. of other dependents listed on 6c **1**
 d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here. ☐
 e Total number of exemptions claimed (also complete lines 35) **2**

Income
 Please attach Copy B of your Forms W-2, W-2G, and W-2P here.
 If you do not have a W-2, see page 6 of instructions.
 Please attach check or money order here.

7 Wages, salaries, tips, etc. (attach Form(s) W-2) **284,123.54**
 8 Taxable interest income (also attach Schedule B if over \$400) **282.67**
 9 Tax-exempt interest income (see page 10). DON'T include on line 8 **9**
 10 Dividend income (also attach Schedule B if over \$400) **948.63**
 11 Taxable refunds of state and local income taxes, if any, from worksheet on page 11 of instructions. **1,442.99**
 12 Alimony received
 13 Business income or (loss) (attach Schedule C)
 14 Capital gain or (loss) (attach Schedule D)
 15 Other gains or (losses) (attach Form 4797)
 16a Pensions, IRA distributions, annuities, and rollovers. Total received **16a**
 b Taxable amount (see page 11). **16b**
 17 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)
 18 Farm income or (loss) (attach Schedule F)
 19 Unemployment compensation (insurance) (see page 11)
 20a Social security benefits (see page 12) **20a**
 b Taxable amount, if any, from the worksheet on page 12
 21 Other income (list type and amount—see page 12) **NYS Lottery**
 22 Add the amounts shown in the far right column for lines 7, 8, and 10-21. This is your total income **45.00**
22 286,842.83

Adjustments to Income
 (See instructions on page 12.)
 23 Reimbursed employee business expenses from Form 2106 **23**
 24a Your IRA deduction, from applicable worksheet on page 13 or 14 **24a**
 b Spouse's IRA deduction, from applicable worksheet on page 13 or 14 **24b**
 25 Self-employed health insurance deduction, from worksheet on page 14 **25**
 26 Keogh retirement plan and self-employed SEP deduction **26**
 27 Penalty on early withdrawal of savings **27**
 28 Alimony paid (recipient's last name and social security no.) **28**
 29 Add lines 23 through 28. These are your total adjustments **29**
30 286,842.83
 Subtract line 29 from line 22. This is your adjusted gross income. If this line is less than \$15,432 and a child lived with you, see "Earned Income Credit" (line 56) on page 18 of the instructions. If you want IRS to figure your tax, see page 15 of the instructions.

TH419

Form 1040 (1987)

Tax
Compu-
tation

Caution:
If you
checked any
box on line
32a, b, or c
and you
don't
itemize, see
page 16 for
the amount
to enter on
line 33b.

31	Amount from line 30 (adjusted gross income)	31	256,342	
32a	Check if: <input type="checkbox"/> You were 65 or over <input type="checkbox"/> Blind <input type="checkbox"/> Spouse was 65 or over <input type="checkbox"/> Blind. Add the number of boxes checked and enter the total here.	32a		
b	If you can be claimed as a dependent on another person's return, check here.	32b		
c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 15 and check here.	32c		
33a	Itemized deductions. See page 15 to see if you should itemize. If you don't itemize, enter zero. If you do itemize, attach Schedule A, enter the amount from Schedule A, line 26, AND skip line 33b.	33a	90,143	7
b	Standard deduction. Read Caution to left. If it applies, see page 16 for the amount to enter. If Caution doesn't apply and your filing status from page 1 is: Single or Head of household, enter \$2,540 Married filing jointly or Qualifying widow(er), enter \$3,760 Married filing separately, enter \$1,880	33b		
34	Subtract line 33a or 33b, whichever applies, from line 31. Enter the result here.	34	196,699	05
35	Multiply \$1,900 by the total number of exemptions claimed on line 6e or see chart on page 16.	35	3,800	00
36	Taxable income. Subtract line 35 from line 34. Enter the result (but not less than zero). Caution: If under age 14 and you have more than \$1,000 of investment income, check here <input type="checkbox"/> and see page 15 to see if you have to use Form 8615 to figure your tax.	36	192,899	05
37	Enter tax. Check if from <input type="checkbox"/> Tax Table, <input checked="" type="checkbox"/> Tax Rate Schedules, <input type="checkbox"/> Schedule D, or <input type="checkbox"/> Form 8615.	37	64,206	13
38	Additional taxes (see page 16). Check if from <input type="checkbox"/> Form 4970 or <input type="checkbox"/> Form 4972.	38		
39	Add lines 37 and 38. Enter the total.	39	64,206	13

Credits

(See
instructions
on page 17.)

40	Credit for child and dependent care expenses (attach Form 2441)	40		
41	Credit for the elderly or for the permanently and totally disabled (attach Schedule R)	41		
42	Add lines 40 and 41. Enter the total.	42		
43	Subtract line 42 from line 39. Enter the result (but not less than zero).	43	64,206	13
44	Foreign tax credit (attach Form 1116)	44		
45	General business credit. Check if from <input type="checkbox"/> Form 3850, <input type="checkbox"/> Form 3468, <input type="checkbox"/> Form 5834, <input type="checkbox"/> Form 6478, <input type="checkbox"/> Form 6765, or <input type="checkbox"/> Form 9585.	45		
46	Add lines 44 and 45. Enter the total.	46		
47	Subtract line 46 from line 43. Enter the result (but not less than zero).	47	64,206	13

Other
Taxes

(Including
Advance EIC
Payments)

48	Self-employment tax (attach Schedule SE)	48		
49	Alternative minimum tax (attach Form 6251)	49		
50	Tax from recapture of investment credit (attach Form 4255)	50		
51	Social security tax on tip income not reported to employer (attach Form 4137)	51		
52	Tax on an IRA or a qualified retirement plan (attach Form 5329)	52		
53	Add lines 47 through 52. This is your total tax.	53	64,206	13

Payments

Attach Forms
W-2, W-2G,
and W-2P
to front.

54	Federal income tax withheld (including tax shown on Form(s) 1099)	54	49,813	60
55	1987 estimated tax payments and amount applied from 1986 return	55		
56	Earned income credit (see page 18)	56		
57	Amount paid with Form 4868 (extension request)	57		
58	Excess social security tax and RRTA tax withheld (see page 19)	58	3,131	70
59	Credit for Federal tax on gasoline and special fuels (attach Form 4136)	59		
60	Regulated investment company credit (attach Form 2439)	60		
61	Add lines 54 through 60. These are your total payments.	61	52,945	30

Refund or
Amount
You Owe

62	If line 61 is larger than line 53, enter amount OVERPAID.	62		
63	Amount of line 62 to be REFUNDED TO YOU.	63		
64	Amount of line 62 to be applied to your 1988 estimated tax.	64		
65	If line 63 is larger than line 61, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number, daytime phone number, and "1987 Form 1040" on it. Check <input type="checkbox"/> if Form 2210 (2210F) is attached. See page 20. Penalty: \$	65	11,260	83

Please
Sign
Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

David M. Newman

Spouse's signature (if joint return; BOTH must sign)

Loche Harding

Date

4-14-88

Your occupation

Vice President & General Counsel

Date

7-14-88

Spouse's occupation

Vice President & General Counsel

Date

Check if self-employed ☐

Preparer's social security no.

Paid
Preparer's
Use Only

Preparer's signature

Loche Harding

Firm's name (or yours if self-employed) and address

E.I. No.

ZIP code

SCHEDULES A&B
(Form 1040)

 Department of the Treasury
 Internal Revenue Service

Name(s) as shown on Form 1040

Schedule A—Itemized Deductions
 (Schedule B is on back)

Attach to Form 1040. See instructions for Schedules A and B (Form 1040).

OMB No. 1545-

1987

Attachment

Sequence No. C

Your social security number

David M. Naseman and Tschl Handing

Medical and Dental Expenses
 (Do not include expenses reimbursed or paid by others.)
 (See instructions on page 21.)

1a Prescription medicines and drugs, insulin, doctors, dentists, nurses, hospitals, insurance premiums you paid for medical and dental care, etc.

1b Transportation and lodging

1c Other (list—include hearing aids, dentures, eyeglasses, etc.)

2 Add lines 1a through 1c, and enter the total here.

3 Multiply the amount on Form 1040, line 31, by 7.5% (.075).

4 Subtract line 3 from line 2. If zero or less, enter -0-. Total medical and dental

Taxes You Paid
 (See instructions on page 22.)

5 State and local income taxes

6 Real estate taxes

7 Other taxes (list—include personal property taxes)

8 Add the amounts on lines 5 through 7. Enter the total here.

Interest You Paid
 (See instructions on page 22.)

Note: If you borrowed any new amounts against your home after 8/16/86 and at any time in 1987 the total of all your mortgage debts was more than what you paid for your home plus improvements, attach Form 8596 and check here.

9a Deductible home mortgage interest you paid to financial institutions (report deductible points on line 10)

9b Deductible home mortgage interest you paid to individuals (show that person's name and address)

10 Deductible points

11 Deductible investment interest

12a Personal interest you paid (see page 22)

12b Multiply the amount on line 12a by 65% (.65). Enter the result

13 Add the amounts on lines 9a through 11, and 12b. Enter the total here. Total interest

Contributions You Made
 (See instructions on page 23.)

14a Cash contributions. (If you gave \$3,000 or more to any one organization, report those contributions on line 14b.)

14b Cash contributions totaling \$3,000 or more to any one organization. (Show to whom you gave and how much you gave.)

15 Other than cash. (You must attach Form 8283 if over \$500.)

16 Carryover from prior year

17 Add the amounts on lines 14a through 16. Enter the total here. Total contributions

Casualty and Theft Losses

18 Casualty or theft loss(es) (attach Form 4584). (See page 23 of the instructions.)

Moving Expenses

19 Moving expenses (attach Form 3903 or 3903F). (See page 24 of the instructions.)

Miscellaneous Deductions Subject to 2% AGI Limit
 (See instructions on page 24.)

20 Unreimbursed employee business expenses (attach Form 2106)

21 Other expenses (list type and amount)

22 Add the amounts on lines 20 and 21. Enter the total.

23 Multiply the amount on Form 1040, line 31, by 2% (.02). Enter the result here

24 Subtract line 23 from line 22. Enter the result (but not less than zero).

Other Miscellaneous Deductions

25 Miscellaneous deductions not subject to 2% AGI limit (see page 24). (List type and amount.)

Total Itemized Deductions

26 Add the amounts on lines 4, 8, 13, 17, 18, 19, 24, and 25. Enter the total here and on Form 1040, line 33a.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

TH421

2 EMPLOYER'S NAME, ADDRESS, AND ZIP CODE **NYNEX CORPORATION**
335 MADISON AVENUE
NEW YORK, NY 10017

3 EMPLOYER'S IDENTIFICATION NUMBER **13-3180909**

4 EMPLOYER'S STATE NUMBER **13-3161**

5 EMPLOYEE'S SOCIAL SECURITY NUMBER **10060-75**

6 FEDERAL INCOME TAX WITHHELD **10060-75**

7 EMPLOYEE'S NAME, ADDRESS, AND ZIP CODE **T HARDING**
425 EAST 51ST APT 5A
NEW YORK, NY 10022

8 FEDERAL INCOME TAX WITHHELD **10060-75**

9 SOCIAL SECURITY TAX WITHHELD **10060-75**

10 WAGES, TIPS, OTHER COMPENSATION **180-20**

11 SOCIAL SECURITY TAX WITHHELD **3131.7**

12 SOCIAL SECURITY TAX **3131.7**

13 SOCIAL SECURITY TAX **3131.7**

14 SOCIAL SECURITY TAX **3131.7**

15 SOCIAL SECURITY TAX **3131.7**

16 SOCIAL SECURITY TAX **3131.7**

17 SOCIAL SECURITY TAX **3131.7**

18 SOCIAL SECURITY TAX **3131.7**

19 SOCIAL SECURITY TAX **3131.7**

20 SOCIAL SECURITY TAX **3131.7**

21 SOCIAL SECURITY TAX **3131.7**

22 SOCIAL SECURITY TAX **3131.7**

Form W-2 Wage and Tax Statement 1987
 Department of the Treasury Internal Revenue Service

2 EMPLOYER'S NAME, ADDRESS, AND ZIP CODE **NYNEX INFO SOLUTIONS GRP INC**
400 WESTCHESTER AVENUE
WHITE PLAINS, NY 10604

3 EMPLOYER'S IDENTIFICATION NUMBER **13-3247448**

4 EMPLOYER'S STATE NUMBER **13-3247448**

5 EMPLOYEE'S SOCIAL SECURITY NUMBER **10602-45**

6 FEDERAL INCOME TAX WITHHELD **10602-45**

7 EMPLOYEE'S NAME, ADDRESS, AND ZIP CODE **T HARDING**
425 EAST 51ST APT 5A
NEW YORK, NY 10022

8 FEDERAL INCOME TAX WITHHELD **10602-45**

9 SOCIAL SECURITY TAX WITHHELD **10602-45**

10 WAGES, TIPS, OTHER COMPENSATION **417-52**

11 SOCIAL SECURITY TAX WITHHELD **3131.70**

12 SOCIAL SECURITY TAX **3131.70**

13 SOCIAL SECURITY TAX **3131.70**

14 SOCIAL SECURITY TAX **3131.70**

15 SOCIAL SECURITY TAX **3131.70**

16 SOCIAL SECURITY TAX **3131.70**

17 SOCIAL SECURITY TAX **3131.70**

18 SOCIAL SECURITY TAX **3131.70**

19 SOCIAL SECURITY TAX **3131.70**

20 SOCIAL SECURITY TAX **3131.70**

21 SOCIAL SECURITY TAX **3131.70**

22 SOCIAL SECURITY TAX **3131.70**

Form W-2 Wage and Tax Statement 1987
 Department of the Treasury Internal Revenue Service

1 Control Number

2 Employer's Name, Address, and ZIP Code **LIN Broadcasting Corporation**
1370 Avenue of the Americas
New York, New York 10019

3 Employer's Identification Number **62-0673800**

4 Employee's State ID Number

5 Employee's Social Security Number

6 Federal Income Tax Withheld **28,950.00**

7 Employee's Name, Address, and ZIP Code **David M. Naseman**
425 East 51st Street
New York, New York 10022

8 Social Security Tax Withheld **3,131.70**

9 Social Security Tax **3,131.70**

10 Wages, Tips, Other Compensation **169,350.00**

11 Social Security Tax **3,131.70**

12 Social Security Tax **3,131.70**

13 Social Security Tax **3,131.70**

14 Social Security Tax **3,131.70**

15 Social Security Tax **3,131.70**

16 Social Security Tax **3,131.70**

17 Social Security Tax **3,131.70**

18 Social Security Tax **3,131.70**

19 Social Security Tax **3,131.70**

20 Social Security Tax **3,131.70**

21 Social Security Tax **3,131.70**

22 Social Security Tax **3,131.70**

Form W-2 Wage and Tax Statement 1987
 08-26108321.RB, APP
 Department of the Treasury Internal Revenue Service

425 EAST 51ST STREET
NEW YORK, NY 10022

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Internal Revenue Service

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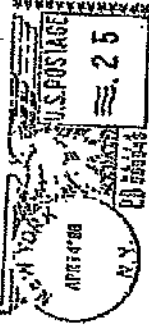
Republic of the United States
WORLD HEADQUARTERS
110 NORTH AVENUE
NEW YORK, N.Y. 10018

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David M. Y. Y. Y. Y.

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Internal Revenue Service Center
Holtsville, New York 00501-0002



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